114.3 CMR 17.00: MEDICINE

Section

17.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 17.00 governs the rates of payment used by all governmental units for medical services rendered to publicly-aided patients by eligible providers. 114.3 CMR 17.00 is effective on and after July 6, 2006. Rates for services rendered to individuals covered by the Worker's Compensation Act, M.G.L. c. 152, are set forth at 114.3 CMR 40.00.

(2) Coverage. 114.3 CMR 17.00 and the rates of payment contained herein shall apply in the following situations:

(a) Medical services rendered to patients in a private medical office, licensed clinic, facility, hospital outpatient department, patient's residence or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.

(b) Medical services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with such facility to provide medical services, and who bills separately and apart from such facility for medical services rendered.

The rates of payment under 114.3 CMR 17.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. The rates of payment also reimburse all overhead expenses associated with the service provided.

(3) Disclaimer of Authorization of Services. 114.3 CMR 17.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 17.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

(a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;

(b) deleted codes for which there are no corresponding new codes; and
(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 17.00.

17.02: General Definitions

(1) Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 17.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology,* copyright 2005 by the American Medical Association (CPT) unless otherwise specified. Level II codes are obtained from 2006 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology.*

114.3 CMR 17.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology.* All rights reserved.

In addition, terms used in 114.3 CMR 17.00 shall have the meanings set forth in 114.3 CMR 17.02.

Confirmatory (Additional Opinion) Consultation. When the consulting physician is aware of the confirmatory nature of the opinion that is sought (e.g., when a patient requests a second/third opinion on the necessity or appropriateness of a recommended medical treatment or surgical procedure).

Consultation. A type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.

A physician consultant may initiate diagnostic and/or therapeutic services.

The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

Any specifically identifiable procedure (i.e., identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately.

If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT). A program of health screening and other medical services for publicly-assisted individuals under the age of 21 as required by federal law. Refer to 114.3 17.03(4) for reimbursement guidelines.

Eligible Provider. A licensed physician or licensed osteopath, licensed podiatrist, other than an intern, resident, fellow or house officer, who also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit.

A provider of diagnostic medical services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Such medical diagnostic services may be rendered by eligible providers such as, but not limited to, MRI centers, independent diagnostic testing facilities (IDTFs), portable x-ray providers and mammography vans. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulations 105 CMR 140.000 to provide medical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is

limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

A registered nurse providing tobacco cessation services, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A tobacco cessation counselor, who has completed appropriate training in tobacco cessation counseling according to the qualification criteria established by the purchasing governmental unit, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Established Patient. A patient who has received professional services from the physician within the past three years.

Facility Setting.

Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center, or skilled nursing facility or free standing ambulatory surgical center (ASC) will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Independent (Nurse Practitioner or Nurse Midwife): Qualified and eligible to bill as a MassHealth Provider. *See* Eligible Mid-Level Practitioner.

Individual Consideration. Medical services, which are authorized but not listed herein, medical services performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

(a) the amount of time required to perform the service;
(b) the degree of skill required to perform the service;
(c) the severity or complexity of the patient's disease, disorder or disability;
(d) any applicable relative-value studies;
(e) any complications or other circumstances that may be deemed relevant;
(f) the policies, procedures and practices of other third party insurers;
(g) the payment rate for prescribed drugs as set forth at 114.3 CMR 31.00; and
(h) a copy of the current invoice from the supplier.

Levels of E/M Services. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians.

Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management codes.

For a full discussion of the levels of E/M services, refer to the 2004 CPT handbook.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number or letters.

New Patient. A patient who has not received any professional services from the physician within the past three years.

Physical Medicine. The physical medicine procedure codes apply only when:

a) the physician prescribed the needed therapy; and

b) the services are provided by the physician or a licensed physical or occupational therapist employed by the physician.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Referral. The transfer of the total or specific care from one physician to another. For the purposes of 114.3 CMR 17.00 a referral is not a consultation.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 17.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

17.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 17.00 applies shall be the lowest of:

(a) The eligible provider's usual fee to patients other than publicly-aided; or
(b) The eligible provider's actual charge submitted; or
(c) The schedule of allowable fees set forth in 114.3 CMR 17.04(4) in accordance with 114.3 CMR 17.03.

(2) Supplemental Payment

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St. 1997, c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 17.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Rate Variations Based on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 114.3 CMR 17.04 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payment for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives, eligible licensed physician assistants, eligible registered nurses, and eligible tobacco cessation counselors as specified in 114.3 CMR 17.02 is 85% of the fees contained in 114.3 CMR 17.04(4). This rule does not apply to the EPSDT add-on code S0302 described in 114.3 CMR 17.03(5) or for tobacco cessation services. The rates for tobacco cessation services are listed in section 114.3 CMR 17.04(4) according to codes G0376 through G0376U3.

(5) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Add-On Code. To identify a well child office visit in accordance with the EPSDT schedule, use code S0302 in addition to the appropriate preventive medicine service in 114.3 CMR 17.04(4). S0302 is always performed in addition to the primary procedure and must never be reported as a stand-alone code.

(6) Services and Payments Covered Under Other Regulations. Rules and reimbursement rates for services listed herein are contained in other Division regulations.

Regulation Title	Regulation Number	Affected Services
Chiropractic Care	114.3 CMR 28.00	Chiropractic Manipulation Codes 98940 to 98943
Rehabilitation Clinic Services, Audiology Services and Restorative Services	114.3 CMR 39.00	Audiologic Codes 92590 to 92595
Vision Care Services and Ophthalmic Materials	114.3 CMR 15.00	Spectacle Service Codes 92340-92342, 92370 and Screening Code 99173

(7) CPT Category III Codes. All medicine related CPT category III codes are included as a part of this regulation and have an assigned fee of IC.

17.04: Maximum Allowable Fees

(1) Drugs, Medications, Supplies and Laboratory Specimen Collections.

(a) Payment rates for drugs, vaccines and immune globulins administered in a physician's office shall be the lower of the fee listed in 114.3 CMR 17.04(4) or the current Medicare fee.

(b) Supplies and materials used in preparation for or as part of a procedure (e.g., bandages, laboratory kits, syringes or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge shall be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), e.g., venipuncture, urine, fecal and sputum samples, culturing, swabbing and scraping for removal of tissues.

(c) Where applicable, payment for drugs, medicines, supplies, and related materials dispensed to patients shall be in accordance with rates which are the subject matter of other regulations that may be in effect and germane to the item in question (e.g., laboratory, pharmacy, medical supplies, etc.) not to exceed the cost of the item to the physician.

In other instances where the use of another regulation is not appropriate, certain supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code (99070).

(d) Payment for drugs and/ or biologicals may be claimed in addition to an office visit. Drugs that are considered routine and integral to the delivery of a physician's professional services in the course of diagnosis or treatment

are not reimbursable. Such drugs are commonly provided without charge or are included in the physician's fee for the service.

Drugs and/or biologicals available free of charge from the Massachusetts Department of Public Health are not payable items.

When an immunization or injection is the primary purpose of an office or other outpatient visit, the provider may bill only for the injectable material and its administration. However, when the immunization or injection is not the primary purpose of the office or other outpatient visit, a provider may bill for both the visit and the immunization or injectable material, but not for its administration.

(2) Unless otherwise specified, guidelines, notes and definitions provided in the 2004 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed below.

(3) Modifiers

-26: Professional Component.The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the appropriate procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 17.04(4) to be paid.

-50: Bilateral Procedures. Unless otherwise identified in the procedure code listing, bilateral procedures performed at the same operative session must be identified by the appropriate service code describing the first procedure. The second bilateral procedure is identified by adding the modifier '50' to the end of the service code. The addition of the modifier '50' to the second bilateral codes allows 50% of the allowable fee contained in 114.3 CMR 17.04(4) to be paid to the eligible provider for the second bilateral procedure.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '51' to the end of the service code for the secondary procedure(s). The addition of the modifier '51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 17.04(4) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Service. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of the modifier '-52' signifying that the service is reduced.

-GO: Services delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.

-GP: Services delivered personally by an physical therapist or under an outpatient physical therapy plan of care.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-SL: State Supplied Vaccine. (This modifier should only be applied to codes 90471 and 90473 to identify vaccines administered under the Vaccine for Children Program (VFC) for individuals ages 18 years and under.)

-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 17.04(4) to be paid.

(4) Fee Schedule

NFAC – These amounts apply when service is performed in a non-facility setting
FAC – These amounts apply when service is performed in a facility setting
Global Fee – These amounts apply when no site of service differential rate is specified.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90281			I.C.			Immune globulin (Ig), human, for intramuscular use
90283			I.C.			Immune globulin (IgIV), human, for intravenous use
90287			I.C.			Botulinum antitoxin, equine, any route
90288			I.C.			Botulism immune globulin, human, for intravenous use
90291			I.C.			Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90296			I.C.			Diphtheria antitoxin, equine, any route
90371			119.74			Hepatitis B immune globulin (HBIg), human, for intramuscular use
90375			64.59			Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use
90376			69.23			Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use
90378			I.C.			Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
90379			I.C.			Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use
90384			I.C.			Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385			4.93			Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
90386			I.C.			Rho(D) immune globulin (RhIgIV), human, for intravenous use
90389			I.C.			Tetanus immune globulin (TIg), human, for intramuscular use
90393			I.C.			Vaccinia immune globulin, human, for intramuscular use
90396			I.C.			Varicella-zoster immune globulin, human, for intramuscular use
90399			I.C.			Unlisted immune globulin
90465			15.20			Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
90465-SL			15.78			Immunization administration under 8 years of age (includes percutaneous,intradermal, subcutaneous, or intramuscular injections) when thephysician counsels the patient/family; first injection (single orcombination vaccine/toxoid), per day
90466			8.69			Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90467	10.57	7.92				Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90467-SL			15.78			Immunization administration under age 8 years (includes intranasal ororal routes of administration) when the physician counsels thepatient/family; first administration (single or combinationvaccine/toxoid), per day
90468	8.03	6.37				Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
90471			15.20			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90471-SL			15.78			Immunization administration (includes percutaneous, intradermal,subcutaneous, or intramuscular injections); one vaccine (single orcombination vaccine/toxoid) (State Supplied Vaccine) (Only to be used for administration of Vaccine for Children (VFC) pediatric vaccines for individuals ages 18 years and under.) (Not in conjunction with an office visit or other outpatient visit)
90472			8.69			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	11.23	7.26				Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90473-SL			15.78			Immunization administration by intranasal or oral route; one vaccine(single or combination vaccine/toxoid) (State Supplied Vaccine) (Only to be used for administration of Vaccine for Children (VFC) pediatric vaccines for individuals ages 18 years and under.) (Not in conjunction with an office visit or other outpatient visit)
90474	7.69	6.37				Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90476			I.C.			Adenovirus vaccine, type 4, live, for oral use
90477			I.C.			Adenovirus vaccine, type 7, live, for oral use

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90581			I.C.			Anthrax vaccine, for subcutaneous use
90585			116.56			Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586			111.54			Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90632			46.83			Hepatitis A vaccine, adult dosage, for intramuscular use
90633			23.83			Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634			23.86			Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636			I.C.			Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645			21.52			Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646			I.C.			Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647			21.52			Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648			21.78			Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649			I.C.			Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90655			14.68			Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656			15.82			Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657			6.03			Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use
90658			12.06			Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use
90660			21.18			Influenza virus vaccine, live, for intranasal use
90665			I.C.			Lyme disease vaccine, adult dosage, for intramuscular use
90669			I.C.			Pneumococcal conjugate vaccine, polyvalent, for children under 5 years, for intramuscular use
90675			156.73			Rabies vaccine, for intramuscular use
90676			I.C.			Rabies vaccine, for intradermal use
90680			I.C.			Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90690			I.C.			Typhoid vaccine, live, oral
90691			50.68			Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90692			I.C.			Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90693			I.C.			Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)
90698			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use
90700			23.47			Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than 7 years, for intramuscular use
90701			I.C.			Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
90702			18.30			Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than 7 years, for intramuscular use
90703			18.34			Tetanus toxoid adsorbed, for intramuscular use
90704			19.14			Mumps virus vaccine, live, for subcutaneous use
90705			14.52			Measles virus vaccine, live, for subcutaneous use
90706			16.16			Rubella virus vaccine, live, for subcutaneous use
90707			38.59			Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90708			I.C.			Measles and rubella virus vaccine, live, for subcutaneous use
90710			I.C.			Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90712			I.C.			Poliovirus vaccine, (any type(s)) (OPV), live, for oral use
90713			24.89			Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
90714			18.26			Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use
90715			I.C.			Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716			67.48			Varicella virus vaccine, live, for subcutaneous use
90717			54.44			Yellow fever vaccine, live, for subcutaneous use
90718			18.26			Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use
90719			I.C.			Diphtheria toxoid, for intramuscular use
90720			I.C.			Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721			41.72			Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90725			I.C.			Cholera vaccine for injectable use
90727			I.C.			Plague vaccine, for intramuscular use
90732			27.03			Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use
90733			84.46			Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734			I.C.			Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90735			100.10			Japanese encephalitis virus vaccine, for subcutaneous use
90736			I.C.			Zoster (shingles) vaccine, live, for subcutaneous injection
90740			113.91			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743			57.55			Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744			68.38			Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746			56.96			Hepatitis B vaccine, adult dosage, for intramuscular use
90747			113.91			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748			I.C.			Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90749			I.C.			Unlisted vaccine/toxoid
90760			53.63			Intravenous infusion, hydration; initial, up to 1 hour
90761			16.64			Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for primary procedure)
90765			65.66			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90766			21.12			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour, up to 8 hours (List separately in addition to code for primary procedure)
90767			35.63			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
90768			20.18			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
90772			15.20			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90773			15.76			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial
90774			48.93			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
90775			22.54			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
90779			I.C.			Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
90801	117.73	109.78				Psychiatric diagnostic interview examination
90802	124.77	117.49				Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	50.45	46.81				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90805	55.22	52.57				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	75.65	72.34				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90807	80.31	78.00				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	112.82	108.51				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90809	116.48	113.83				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90810	54.39	51.41				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90811	60.81	57.17				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90812	81.68	76.72				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90813	85.68	82.37				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90814	118.18	114.21				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90815	121.19	117.88				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90816			50.57			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90817			55.00			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818			76.15			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90819			79.49			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90821			113.26			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
90822			116.16			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90823			54.28			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90824			59.27			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90826			80.70			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90827			83.53			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90828			117.97			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
90829			119.98			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90845	69.74	68.74				Psychoanalysis
90846			73.16			Family psychotherapy (without the patient present)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90847	89.55	87.57				Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	25.75	24.76				Multiple-family group psychotherapy
90853	24.86	24.20				Group psychotherapy (other than of a multiple-family group)
90857	27.30	25.97				Interactive group psychotherapy
90862	40.04	37.39				Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90865	126.47	111.57				Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90870	117.26	72.56				Electroconvulsive therapy (includes necessary monitoring)
90875	63.97	49.40				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
90876	92.21	77.98				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes
90880	96.28	84.70				Hypnotherapy
90882			36.79			Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885			39.60			Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	69.09	60.48				Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889			I.C.			Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers
90899			I.C.			Unlisted psychiatric service or procedure
90901	33.34	16.45				Biofeedback training by any modality
90911	77.67	36.29				Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90918			520.50			End-stage renal disease (ESRD) related services per full month; for patients under two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90919			375.81			End-stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90920			330.97			End-stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90921			207.93			End-stage renal disease (ESRD) related services per full month; for patients twenty years of age and over
90922			17.44			End-stage renal disease (ESRD) related services (less than full month), per day; for patients under two years of age
90923			12.29			End-stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age
90924			10.85			End-stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age
90925			7.03			End-stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and over
90935			56.91			Hemodialysis procedure with single physician evaluation
90937			92.20			Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90940			I.C.			Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90945			59.24			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947			94.24			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription
90989			I.C.			Dialysis training, patient, including helper where applicable, any mode, completed course
90993			I.C.			Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90997			74.22			Hemoperfusion (eg, with activated charcoal or resin)
90999			I.C.			Unlisted dialysis procedure, inpatient or outpatient
91000			32.07	29.19	2.87	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)
91010			183.69	50.58	133.12	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;
91011			218.00	60.71	157.28	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyl or similar stimulant
91012			234.44	58.72	175.72	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies
91020			192.83	57.72	135.10	Gastric motility (manometric) studies
91022			188.85	58.39	130.47	Duodenal motility (manometric) study
91030			107.36	36.73	70.64	Esophagus, acid perfusion (Bernstein) test for esophagitis
91034			203.41	39.50	163.91	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035			405.34	63.98	341.37	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037			126.93	39.50	87.43	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038			107.02	44.76	62.26	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
91040			399.08	39.50	359.58	Esophageal balloon distension provocation study
91052			104.47	31.85	72.62	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)
91055			125.31	36.13	89.18	Gastric intubation, washings, and preparing slides for cytology (separate procedure)
91060			78.82	17.79	61.04	Gastric saline load test
91065			54.56	8.09	46.47	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91100	124.22	40.79				Intestinal bleeding tube, passage, positioning and monitoring
91105	80.79	13.91				Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)
91110			840.86	145.34	695.52	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
91120			393.89	39.72	354.16	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122			222.97	71.86	151.11	Anorectal manometry
91123			I.C.			Pulsed irrigation of fecal impaction
91132				20.83		Electrogastrography, diagnostic, transcutaneous;
91133				26.59		Electrogastrography, diagnostic, transcutaneous; with provocative testing
91299			I.C.			Unlisted diagnostic gastroenterology procedure
92002	56.97	36.11				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	103.49	69.72				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
92012	53.13	28.63				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	77.86	46.74				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits
92015	60.09	15.73				Determination of refractive state
92018			106.32			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019			55.54			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	21.74	15.78				Gonioscopy (separate procedure)
92060			43.98	29.18	14.79	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065			28.26	15.45	12.81	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92070	55.29	30.45				Fitting of contact lens for treatment of disease, including supply of lens
92081			41.55	15.17	26.38	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
92082			53.37	18.72	34.66	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083			61.66	21.37	40.29	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30?, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	70.66	37.88				Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92120	58.34	33.50				Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
92130	65.29	35.16				Tonography with water provocation
92135			36.31	14.90	21.41	Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral
92136			71.40	23.14	48.25	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140	46.87	21.04				Provocative tests for glaucoma, with interpretation and report, without tonography
92225	18.05	16.06				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226	16.33	14.01				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92230	67.74	23.71				Fluorescein angioscopy with interpretation and report
92235			111.00	35.16	75.84	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240			235.14	47.73	187.41	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250			63.31	18.72	44.59	Fundus photography with interpretation and report
92260	14.38	8.75				Ophthalmodynamometry
92265			73.14	32.63	40.51	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report
92270			74.24	34.06	40.18	Electro-oculography with interpretation and report
92275			93.36	42.92	50.44	Electroretinography with interpretation and report

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
92283			32.97	7.26	25.72	Color vision examination, extended, eg, anomaloscope or equivalent
92284			69.68	9.53	60.15	Dark adaptation examination with interpretation and report
92285			38.77	8.75	30.02	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286			120.51	28.35	92.16	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92287	102.04	33.17				Special anterior segment photography with interpretation and report; with fluorescein angiography
92310	70.42	48.24				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	66.71	42.21				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye
92312	71.37	52.17				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	61.06	35.56				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	50.48	28.30				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	40.85	18.00				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye
92316	49.43	28.91				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	43.82	17.67				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92325			13.47			Modification of contact lens (separate procedure), with medical supervision of adaptation
92326			55.31			Replacement of contact lens
92340	33.66	15.12				Fitting of spectacles, except for aphakia; monofocal
92341	37.76	19.22				Fitting of spectacles, except for aphakia; bifocal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
92342	40.08	21.87				Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92352	33.00	15.12				Fitting of spectacle prosthesis for aphakia; monofocal
92353	38.48	20.60				Fitting of spectacle prosthesis for aphakia; multifocal
92354			296.57			Fitting of spectacle mounted low vision aid; single element system
92355			143.91			Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358			33.24			Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92370	27.53	13.63				Repair and refitting spectacles; except for aphakia
92371			20.98			Repair and refitting spectacles; spectacle prosthesis for aphakia
92499			I.C.			Unlisted ophthalmological service or procedure
92502			79.74			Otolaryngologic examination under general anesthesia
92504	21.77	8.20				Binocular microscopy (separate diagnostic procedure)
92506	110.60	37.76				Evaluation of speech, language, voice, communication, and/or auditory processing
92507	51.62	22.48				Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	24.32	11.41				Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92511	133.89	49.79				Nasopharyngoscopy with endoscope (separate procedure)
92512	53.44	21.66				Nasal function studies (eg, rhinomanometry)
92516	51.88	19.43				Facial nerve function studies (eg, electroneuronography)
92520	38.36	34.38				Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92526	70.00	22.32				Treatment of swallowing dysfunction and/or oral function for feeding
92531			I.C.			Spontaneous nystagmus, including gaze
92532			I.C.			Positional nystagmus test
92533			I.C.			Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534			I.C.			Optokinetic nystagmus test
92541			46.09	17.83	28.26	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542			47.57	14.67	32.89	Positional nystagmus test, minimum of 4 positions, with recording
92543			22.09	4.65	17.44	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
92544			37.68	11.41	26.27	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545			33.54	10.24	23.29	Oscillating tracking test, with recording
92546			74.60	12.57	62.03	Sinusoidal vertical axis rotational testing
92547			3.99			Use of vertical electrodes (List separately in addition to code for primary procedure)
92548			92.05	22.92	69.13	Computerized dynamic posturography
92551			24.08			Screening test, pure tone, air only
92552			15.46			Pure tone audiometry (threshold); air only
92553			23.20			Pure tone audiometry (threshold); air and bone
92555			13.48			Speech audiometry threshold;
92556			20.22			Speech audiometry threshold; with speech recognition
92557			42.09			Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92559			I.C.			Audiometric testing of groups
92560			I.C.			Bekesy audiometry; screening
92561			25.18			Bekesy audiometry; diagnostic
92562			14.47			Loudness balance test, alternate binaural or monaural
92563			13.48			Tone decay test
92564			16.68			Short increment sensitivity index (SISI)
92565			14.14			Stenger test, pure tone
92567			18.56			Tympanometry (impedance testing)
92568			13.48			Acoustic reflex testing; threshold
92569			14.47			Acoustic reflex testing; decay
92571			13.81			Filtered speech test
92572			3.20			Staggered spondaic word test
92573			12.48			Lombard test
92575			10.38			Sensorineural acuity level test
92576			15.69			Synthetic sentence identification test
92577			25.41			Stenger test, speech
92579			25.51			Visual reinforcement audiometry (VRA)
92582			25.51			Conditioning play audiometry
92583			31.26			Select picture audiometry
92584			86.81			Electrocochleography
92585			86.21	21.49	64.72	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586			64.72			Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587			51.65	5.82	45.84	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
92588			67.09	15.50	51.58	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92596			20.88			Ear protector attenuation measurements
92597	80.47	39.42				Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601			117.78			Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
92602			80.70			Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming
92603			72.75			Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604			46.26			Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605			I.C.			Evaluation for prescription of non-speech-generating augmentative and alternative communication device
92606			I.C.			Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607			103.43			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608			19.33			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609			53.54			Therapeutic services for the use of speech-generating device, including programming and modification
92610			115.69			Evaluation of oral and pharyngeal swallowing function
92611			115.69			Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	127.16	57.97				Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	34.05	33.72				Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only
92614	119.22	57.97				Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615			30.18			Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	166.05	86.26				Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
92617			37.60			Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only
92620			39.09			Evaluation of central auditory function, with report; initial 60 minutes
92621			9.62			Evaluation of central auditory function, with report; each additional 15 minutes
92625			38.43			Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626			19.55			Evaluation of auditory rehabilitation status; first hour
92627			19.55			Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92630			I.C.			Auditory rehabilitation; pre-lingual hearing loss
92633			I.C.			Auditory rehabilitation; post-lingual hearing loss
92700			I.C.			Unlisted otorhinolaryngological service or procedure
92950	250.76	143.49				Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953			9.14			Temporary transcutaneous pacing
92960	273.54	102.70				Cardioversion, elective, electrical conversion of arrhythmia; external
92961			202.98			Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970			136.02			Cardioassist-method of circulatory assist; internal
92971			78.57			Cardioassist-method of circulatory assist; external
92973			138.82			Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)
92974			126.97			Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975			305.34			Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977			277.49			Thrombolysis, coronary; by intravenous infusion
92978			231.45	74.77	156.68	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
92979			138.88	59.82	79.06	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
92980			635.02			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
92981			175.83			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)
92982			471.27			Percutaneous transluminal coronary balloon angioplasty; single vessel
92984			125.47			Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92986			1030.21			Percutaneous balloon valvuloplasty; aortic valve
92987			1069.87			Percutaneous balloon valvuloplasty; mitral valve
92990			832.04			Percutaneous balloon valvuloplasty; pulmonary valve
92992			I.C.			Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)
92993			I.C.			Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)
92995			518.08			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
92996			134.69			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92997			501.09			Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998			245.55			Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93000			22.27			Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005			15.35			Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010			6.92			Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93012			203.68			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; tracing only
93014			21.16			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; physician review with interpretation and report only

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93015			88.83			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93016			18.56			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report
93017			58.09			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93018			12.19			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024			87.11	48.24	38.87	Ergonovine provocation test
93025			275.89	31.07	244.82	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040			11.51			Rhythm ECG, one to three leads; with interpretation and report
93041			5.19			Rhythm ECG, one to three leads; tracing only without interpretation and report
93042			6.32			Rhythm ECG, one to three leads; interpretation and report only
93224			139.65			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225			42.85			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection)
93226			75.64			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report
93227			21.16			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93230			149.37			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231			52.79			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; recording (includes hook-up, recording, and disconnection)
93232			75.42			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; microprocessor-based analysis with report
93233			21.16			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; physician review and interpretation
93235			108.44			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
93236			90.21			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; monitoring and real-time data analysis with report
93237			18.22			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; physician review and interpretation
93268			267.68			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation
93270			42.85			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes hook-up, recording, and disconnection)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93271			203.68			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; monitoring, receipt of transmissions, and analysis
93272			21.16			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review and interpretation only
93278			51.01	10.47	40.54	Signal-averaged electrocardiography (SAECG), with or without ECG
93303			186.12	52.84	133.28	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304			97.99	30.52	67.47	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93307			171.06	37.77	133.28	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93308			89.24	21.77	67.47	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93312			220.94	88.96	131.98	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313			34.64			Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314			183.10	51.12	131.98	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315			236.39	112.55	120.86	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316			35.41			Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317			196.44	74.72	120.86	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318				80.04		Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93320			75.03	15.73	59.30	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93321			44.91	6.37	38.54	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325			104.21	3.16	101.05	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350			122.55	61.03	61.51	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
93501			711.24	126.53	584.72	Right heart catheterization
93503			107.69			Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505			253.00	183.53	69.47	Endomyocardial biopsy
93508			621.95	188.89	433.06	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization
93510			1477.46	198.70	1278.76	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
93511			1472.58	228.17	1244.41	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown
93514			1550.83	309.84	1240.99	Left heart catheterization by left ventricular puncture
93524			1935.33	308.49	1626.83	Combined transseptal and retrograde left heart catheterization
93526			1940.17	268.61	1671.56	Combined right heart catheterization and retrograde left heart catheterization
93527			1949.78	322.95	1626.83	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)
93528			2023.79	396.95	1626.83	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)
93529			1842.55	215.71	1626.83	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93530			772.47	187.75	584.72	Right heart catheterization, for congenital cardiac anomalies
93531			2034.69	363.13	1671.56	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532			2033.72	433.54	1601.27	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533			1888.99	288.76	1601.27	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93539			16.61			Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass
93540			17.78			Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries
93541			11.91			Injection procedure during cardiac catheterization; for pulmonary angiography
93542			11.91			Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography
93543			11.91			Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography
93544			10.47			Injection procedure during cardiac catheterization; for aortography
93545			16.61			Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)
93555			249.60	33.73	215.87	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography
93556			374.15	34.28	339.86	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)
93561			38.17	19.61	18.56	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93562			17.81	6.32	11.49	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
93571			230.46	73.77	156.68	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572			135.28	57.38	77.74	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
93580			771.34			Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581			1026.56			Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93600			157.66	89.85	67.81	Bundle of His recording
93602			128.07	89.75	38.32	Intra-atrial recording
93603			147.73	89.64	58.09	Right ventricular recording
93609			305.31	211.11	94.20	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610			174.47	127.53	46.94	Intra-atrial pacing
93612			183.52	127.76	55.77	Intraventricular pacing
93613			296.53			Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615			48.11	37.07	11.04	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616			68.45	57.57	10.91	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93618			316.69	179.87	136.82	Induction of arrhythmia by electrical pacing
93619			585.89	319.76	266.13	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620			775.53	499.35	283.73	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93621				88.75		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622				130.96		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623				120.27		Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93624			282.14	213.34	68.80	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631			536.13	324.26	214.83	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640			395.20	147.74	247.46	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
93641			497.63	250.17	247.46	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
93642			459.65	212.19	247.46	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93650			454.26			Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93651			685.30			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93652			745.46			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia
93660			134.33	78.26	56.07	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
93662				116.41		Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93668			I.C.			Peripheral arterial disease (PAD) rehabilitation, per session
93701			37.61	7.26	30.35	Bioimpedance, thoracic, electrical
93720			31.45			Plethysmography, total body; with interpretation and report
93721			24.85			Plethysmography, total body; tracing only, without interpretation and report
93722			6.59			Plethysmography, total body; interpretation and report only
93724			339.07	202.26	136.82	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93727			21.49			Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)
93731			35.45	18.33	17.12	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93732			55.55	37.77	17.78	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93733			32.77	7.26	25.51	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93734			27.76	15.73	12.04	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93735			45.70	30.24	15.46	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93736			28.57	6.37	22.20	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93740			11.18	5.99	5.19	Temperature gradient studies
93741			56.20	33.12	23.08	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming
93742			60.91	37.83	23.08	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming
93743			67.54	42.48	25.07	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93744			71.93	48.85	23.08	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming
93745			I.C.			Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
93760			I.C.			Thermogram; cephalic
93762			I.C.			Thermogram; peripheral
93770			7.53	6.32	1.22	Determination of venous pressure
93784			62.53			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786			30.35			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788			17.11			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790			15.07			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report
93797	15.15	7.53				Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	23.22	11.63				Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799			I.C.			Unlisted cardiovascular service or procedure
93875			86.26	8.97	77.29	Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)
93880			209.79	24.16	185.63	Duplex scan of extracranial arteries; complete bilateral study
93882			133.13	16.62	116.51	Duplex scan of extracranial arteries; unilateral or limited study
93886			259.96	39.66	220.30	Transcranial Doppler study of the intracranial arteries; complete study

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93888			165.07	25.93	139.15	Transcranial Doppler study of the intracranial arteries; limited study
93890			200.38	42.32	158.06	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892			213.14	48.46	164.68	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893			208.84	48.46	160.38	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922			99.36	10.03	89.33	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
93923			152.06	18.34	133.72	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)
93924			179.51	20.61	158.89	Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
93925			249.96	23.60	226.36	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926			151.29	16.02	135.27	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930			199.74	18.95	180.79	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931			130.20	12.58	117.62	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93965			105.55	14.13	91.42	Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
93970			203.31	27.82	175.50	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971			138.39	18.12	120.27	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93975			315.74	72.69	243.05	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
93976			185.09	47.92	137.17	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978			177.31	26.65	150.66	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979			124.86	17.84	107.02	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980			138.77	50.03	88.73	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981			114.95	17.28	97.66	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
93990			145.19	10.58	134.61	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
94010			27.57	6.59	20.98	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94014			40.25			Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation
94015			19.76			Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94016			20.50			Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only
94060			45.59	11.80	33.79	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070			46.70	23.27	23.43	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)
94150			17.95	3.16	14.79	Vital capacity, total (separate procedure)
94200			18.29	4.27	14.02	Maximum breathing capacity, maximal voluntary ventilation
94240			30.41	10.08	20.32	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250			24.69	4.27	20.42	Expired gas collection, quantitative, single procedure (separate procedure)
94260			23.93	5.15	18.77	Thoracic gas volume
94350			33.49	10.08	23.41	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360			31.95	10.08	21.87	Determination of resistance to airflow, oscillatory or plethysmographic methods

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
94370			31.72	10.08	21.64	Determination of airway closing volume, single breath tests
94375			29.13	11.80	17.33	Respiratory flow volume loop
94400			40.92	15.74	25.18	Breathing response to CO2 (CO2 response curve)
94450			40.13	15.51	24.62	Breathing response to hypoxia (hypoxia response curve)
94452			43.26	12.02	31.24	High altitude simulation test (HAST), with physician interpretation and report;
94453			61.98	15.51	46.47	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration
94620			103.43	25.04	78.39	Pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm with pre- and post-spirometry)
94621			116.13	55.29	60.84	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)
94640			10.38			Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642			I.C.			Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94656	73.58	45.77				Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day
94657	56.36	32.19				Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days
94660	43.49	29.59				Continuous positive airway pressure ventilation (CPAP), initiation and management
94662			29.36			Continuous negative pressure ventilation (CNP), initiation and management
94664			11.16			Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667			18.34			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668			15.35			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94680			70.69	10.08	60.61	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681			92.22	7.76	84.47	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94690			69.28	2.83	66.45	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
94720			41.89	10.08	31.80	Carbon monoxide diffusing capacity (eg, single breath, steady state)
94725			106.80	10.08	96.72	Membrane diffusion capacity
94750			51.86	8.92	42.94	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94760			1.77			Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761			3.66			Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762			17.80			Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94770			30.78	5.71	25.08	Carbon dioxide, expired gas determination by infrared analyzer
94772			I.C.			Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant
94799			I.C.			Unlisted pulmonary service or procedure
95004			3.53			Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests
95010	14.98	6.37				Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests
95015	9.02	6.37				Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests
95024			5.19			Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, specify number of tests
95027			5.19			Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, specify number of tests
95028			7.84			Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044			6.85			Patch or application test(s) (specify number of tests)
95052			8.50			Photo patch test(s) (specify number of tests)
95056			5.85			Photo tests
95060			12.04			Ophthalmic mucous membrane tests
95065			6.85			Direct nasal mucous membrane test
95070			76.27			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95071			97.46			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
95075	54.17	39.60				Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)
95078			8.73			Provocative testing (eg, Rinkel test)
95115			13.36			Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117			17.00			Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95120			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection
95125			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections
95130			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom
95131			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms
95132			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms
95133			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms
95134			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; five stinging insect venoms
95144	8.18	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	12.48	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95146	16.46	2.88				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms
95147	15.79	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms
95148	21.09	2.88				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms
95149	28.37	2.88				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms
95165	8.18	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	6.19	2.88				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	124.18	87.43				Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199			I.C.			Unlisted allergy/clinical immunologic service or procedure
95250			136.30			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251			21.16			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report
95805			634.88	76.00	558.87	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806			165.35	65.70	99.65	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
95807			450.56	65.37	385.19	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808			523.84	106.86	416.98	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95810			691.55	140.49	551.06	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811			755.77	151.18	604.59	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
95812			167.52	46.19	121.32	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813			218.99	73.17	145.82	Electroencephalogram (EEG) extended monitoring; greater than one hour
95816			156.70	46.52	110.17	Electroencephalogram (EEG); including recording awake and drowsy
95819			132.53	46.52	86.00	Electroencephalogram (EEG); including recording awake and asleep
95822			186.84	46.52	140.31	Electroencephalogram (EEG); recording in coma or sleep only
95824				31.68		Electroencephalogram (EEG); cerebral death evaluation only
95827			123.93	44.64	79.29	Electroencephalogram (EEG); all night recording
95829			1212.48	259.50	952.98	Electrocorticogram at surgery (separate procedure)
95830	158.87	73.78				Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	23.22	12.29				Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	19.42	12.46				Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	32.68	21.10				Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	38.17	26.58				Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	16.58	7.31				Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	11.88	4.93				Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	35.01	22.76				Tensilon test for myasthenia gravis
95860			75.20	41.65	33.56	Needle electromyography; one extremity with or without related paraspinal areas
95861			92.30	66.79	25.51	Needle electromyography; two extremities with or without related paraspinal areas
95863			112.83	80.36	32.47	Needle electromyography; three extremities with or without related paraspinal areas
95864			147.96	86.01	61.95	Needle electromyography; four extremities with or without related paraspinal areas
95865			94.01	70.82	23.19	Needle electromyography; larynx
95866			62.07	54.77	7.29	Needle electromyography; hemidiaphragm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95867			54.27	34.17	20.10	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868			75.02	50.73	24.30	Needle electromyography; cranial nerve supplied muscles, bilateral
95869			23.41	16.01	7.40	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870			23.41	16.01	7.40	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872			85.23	64.25	20.99	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95873			23.08	16.01	7.07	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874			23.41	16.34	7.07	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95875			80.98	47.19	33.79	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95900			54.26	18.05	36.21	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
95903			57.16	25.92	31.24	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
95904			46.41	14.84	31.57	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory
95920			137.83	92.89	44.94	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)
95921			49.81	36.78	13.03	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922			54.01	40.99	13.03	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt
95923			90.76	38.66	52.10	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95925			54.63	23.15	31.47	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926			54.74	23.26	31.47	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927			55.62	24.15	31.47	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95928			143.93	64.46	79.47	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929			150.22	64.46	85.76	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930			84.87	15.12	69.75	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933			52.37	25.20	27.17	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95934			29.28	21.87	7.40	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle
95936			31.27	23.87	7.40	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle
95937			40.46	28.76	11.71	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method
95950			183.75	64.86	118.89	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours
95951			1460.37	258.04	1200.88	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours
95953			351.80	131.93	219.87	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours
95954			212.25	105.29	106.96	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)
95955			110.08	41.05	69.03	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95956			610.16	132.04	478.12	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours
95957			144.49	85.51	58.97	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95958			241.08	180.22	60.85	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961			181.76	136.82	44.94	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance
95962			187.15	142.21	44.94	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)
95965				345.44		Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
95966				171.52		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
95967				139.43		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)
95970	41.29	17.79				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
95971	45.71	30.48				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95972	84.79	60.96				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour
95973	47.61	38.34				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95974	143.06	129.82				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
95975	79.30	74.00				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95978	165.32	144.13				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
95979	76.08	70.12				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95990			51.01			Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);
95991	71.04	28.33				Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician
95999			I.C.			Unlisted neurological or neuromuscular diagnostic procedure
96000			69.93			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;
96001			83.71			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
96002			16.78			Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003			14.68			Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
96004			92.93			Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
96101	74.22	73.56				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96102	35.94	19.72				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	21.54	20.22				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
96105			62.64			Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96110			9.99			Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96111			110.90			Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	83.09	76.80				Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	101.63	76.47				Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96119	53.06	25.58				Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	39.09	20.22				Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96150			20.05			Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	19.49	19.16				Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	18.61	18.28				Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	4.32	3.99				Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
96154	18.33	18.00				Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	18.61	18.28				Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
96401			56.70			Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402			29.99			Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	107.13	23.04				Chemotherapy administration; intralesional, up to and including 7 lesions
96406	124.83	32.46				Chemotherapy administration; intralesional, more than 7 lesions
96409			105.01			Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411			60.20			Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413			148.61			Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415			32.33			Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours (List separately in addition to code for primary procedure)
96416			160.25			Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417			71.95			Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420			94.58			Chemotherapy administration, intra-arterial; push technique
96422			166.75			Chemotherapy administration, intra-arterial; infusion technique, up to one hour
96423			67.74			Chemotherapy administration, intra-arterial; infusion technique, each additional hour up to 8 hours (List separately in addition to code for primary procedure)
96425			154.83			Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	335.72	110.26				Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96445	330.67	103.21				Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
96450	274.88	87.15				Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521			131.99			Refilling and maintenance of portable pump
96522			94.91			Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523			24.18			Irrigation of implanted venous access device for drug delivery systems
96542	162.75	44.22				Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549			I.C.			Unlisted chemotherapy procedure
96567			65.79			Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
96570			45.22			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)
96571			22.21			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)
96900			15.02			Actinotherapy (ultraviolet light)
96902	17.55	16.89				Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96910			33.67			Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912			42.84			Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913			57.86			Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	116.43	50.88				Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	119.53	51.99				Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	174.68	79.66				Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
96999			I.C.			Unlisted special dermatological service or procedure
97001	59.23	49.30				Physical therapy evaluation
97002	31.65	24.70				Physical therapy re-evaluation
97003	63.76	47.87				Occupational therapy evaluation
97004	39.27	23.38				Occupational therapy re-evaluation
97005			I.C.			Athletic training evaluation
97006			I.C.			Athletic training re-evaluation
97010			3.54			Application of a modality to one or more areas; hot or cold packs
97012			11.46			Application of a modality to one or more areas; traction, mechanical
97014			11.51			Application of a modality to one or more areas; electrical stimulation (unattended)
97016			11.18			Application of a modality to one or more areas; vasopneumatic devices
97018			5.20			Application of a modality to one or more areas; paraffin bath
97022			11.89			Application of a modality to one or more areas; whirlpool
97024			4.21			Application of a modality to one or more areas; diathermy (eg, microwave)
97026			3.87			Application of a modality to one or more areas; infrared
97028			4.76			Application of a modality to one or more areas; ultraviolet
97032			12.45			Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033			16.37			Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034			11.01			Application of a modality to one or more areas; contrast baths, each 15 minutes
97035			9.36			Application of a modality to one or more areas; ultrasound, each 15 minutes
97036			18.58			Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97039			I.C.			Unlisted modality (specify type and time if constant attendance)
97110			21.87			Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112			22.97			Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113			25.34			Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116			19.26			Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
97124			17.54			Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139			I.C.			Unlisted therapeutic procedure (specify)
97140			20.43			Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150			13.67			Therapeutic procedure(s), group (2 or more individuals)
97530			23.02			Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532			19.05			Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97533			20.37			Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535			23.63			Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537			21.31			Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
97542			21.97			Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97545			I.C.			Work hardening/conditioning; initial 2 hours
97546			I.C.			Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97597			39.06			Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
97598			49.46			Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters
97602			I.C.			Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	26.96	22.98				Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	47.11	30.89				Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97750			23.52			Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755			26.91			Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
97760	24.41	19.77				Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	22.20	19.22				Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	21.29	13.67				Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97799			I.C.			Unlisted physical medicine/rehabilitation service or procedure
97802			15.79			Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803			15.79			Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
97804			6.18			Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810	29.89	24.93				Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	22.81	20.83				Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	31.94	26.97				Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	25.86	22.88				Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
98925	23.52	17.56				Osteopathic manipulative treatment (OMT); one to two body regions involved
98926	32.27	26.97				Osteopathic manipulative treatment (OMT); three to four body regions involved
98927	41.35	34.40				Osteopathic manipulative treatment (OMT); five to six body regions involved
98928	48.99	40.72				Osteopathic manipulative treatment (OMT); seven to eight body regions involved
98929	56.30	46.37				Osteopathic manipulative treatment (OMT); nine to ten body regions involved
98940	20.32	16.68				Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	28.18	23.88				Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	36.49	32.19				Chiropractic manipulative treatment (CMT); spinal, five regions
98943	19.26	16.61				Chiropractic manipulative treatment (CMT); extraspinal, one or more regions
98960			I.C.			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961			I.C.			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
98962			I.C.			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
99000			1.00			Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99001			1.00			Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)
99002			1.00			Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician
99024			I.C.			Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
99026			I.C.			Hospital mandated on call service; in-hospital, each hour
99027			I.C.			Hospital mandated on call service; out-of-hospital, each hour
99050			15.70			Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051			I.C.			Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053			I.C.			Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056			I.C.			Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99058			I.C.			Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99060			I.C.			Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99070			I.C.			Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99071			I.C.			Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician
99075			I.C.			Medical testimony
99078			I.C.			Physician educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
99080			I.C.			Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082			I.C.			Unusual travel (eg, transportation and escort of patient)
99090			I.C.			Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)
99091			I.C.			Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time
99100			I.C.			Anesthesia for patient of extreme age, under 1 year and over 70 (List separately in addition to code for primary anesthesia procedure)
99116			I.C.			Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
99135			I.C.			Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
99140			I.C.			Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)
99143			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patientÆs level of consciousness and physiological status; under 5 years of age, first 30 minutes intra-service time
99144			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patientÆs level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99145			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patientÆs level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99148			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; under 5 years of age, first 30 minutes intra-service time
99149			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time
99150			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99170	108.92	68.53				Anogenital examination with colposcopic magnification in childhood for suspected trauma
99172			I.C.			Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare)
99175			48.26			Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99183	176.08	92.31				Physician attendance and supervision of hyperbaric oxygen therapy, per session
99185			22.09			Hypothermia; regional
99186			69.35			Hypothermia; total body
99190			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
99191			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 3/4 hour

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99192			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 1/2 hour
99195			15.02			Phlebotomy, therapeutic (separate procedure)
99199			I.C.			Unlisted special service, procedure or report
99201	29.37	18.12				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99202	51.68	35.79				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	76.59	55.07				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	107.81	81.66				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99205	136.34	108.86				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	17.85	6.92				Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	31.03	18.45				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	42.10	27.20				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99214	65.73	45.20				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	94.58	72.40				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99217			54.39			Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from observation status if the discharge is on other than the initial date of observation status. To report services to a patient designated as observation status or inpatient status and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])
99218			51.41			Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to observation status are of low severity.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99219			85.42			Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to observation status are of moderate severity.
99220			120.15			Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to observation status are of high severity.
99221			51.96			Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.
99222			86.09			Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99223			119.93			Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.
99231			26.04			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
99232			42.54			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.
99233			60.43			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99234			103.37			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.
99235			136.22			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.
99236			170.07			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.
99238			54.49			Hospital discharge day management; 30 minutes or less
99239			74.27			Hospital discharge day management; more than 30 minutes
99241	40.06	26.15				Office consultation for a new or established patient, which requires these three key components: a problem focused history; problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99242	72.45	53.24				Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	96.63	71.47				Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	135.72	105.59				Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99245	175.03	140.60				Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99251			27.37			Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99252			55.18			Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.
99253			75.45			Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.
99254			108.57			Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99255			149.67			Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.
99281			12.58			Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
99282			20.78			Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283			46.67			Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99284			72.77			Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285			113.85			Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288			I.C.			Physician direction of emergency medical systems (EMS) emergency care, advanced life support
99289			186.22			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport
99290			96.06			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for primary service)
99291	200.77	157.73				Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	87.72	79.12				Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
99293			625.83			Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99294			311.45			Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99295			716.36			Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99296			I.C.			Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99298			110.86			Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
99299			101.39			Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99300			148.14			Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
99304			50.62			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity.
99305			67.07			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99306			82.59			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity.
99307			26.25			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving.
99308			43.53			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.
99309			61.25			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99310			76.70			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.
99315			47.36			Nursing facility discharge day management; 30 minutes or less
99316			62.47			Nursing facility discharge day management; more than 30 minutes
99318			50.62			Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving.
99324	45.35	41.71				Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
99325	66.23	61.93				Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99326	95.65	91.01				Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327	125.67	121.70				Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99328	155.42	151.78				Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99334	35.22	30.58				Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99335	55.49	50.52				Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99336	85.18	79.88				Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
99337	125.01	119.38				Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; and medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99339			I.C.			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99340			I.C.			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99341			45.02			Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99342			66.23			Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343			96.31			Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344			I.C.			Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99345			I.C.			Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99347			35.22			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99348			55.49			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99349			85.51			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99350			I.C.			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99354	76.37	72.73				Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)
99355	75.48	71.18				Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99356			69.52			Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour (List separately in addition to code for inpatient Evaluation and Management service)
99357			70.07			Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99358			I.C.			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient Evaluation and Management service)
99359			I.C.			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99360			I.C.			Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99361			I.C.			Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes
99362			I.C.			Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes
99371			I.C.			Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
99372			I.C.			Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)
99373			I.C.			Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99374	54.80	45.53				Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99375			100.86			Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99377	54.80	45.53				Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99378			114.10			Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99379	54.58	45.31				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99380	82.10	71.17				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99381	83.78	49.02				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age under 1 year)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99382	89.82	56.05				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	87.83	56.05				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	95.09	63.31				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	95.09	63.31				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years
99386	111.64	77.54				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years
99387	120.94	84.85				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 65 years and over

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99391	62.95	42.09				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age under 1 year)
99392	70.21	49.02				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	69.22	49.02				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	76.25	56.05				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	77.24	56.05				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99396	85.16	63.31				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99397	93.79	70.62				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over
99401	34.06	19.83				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	56.43	39.87				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	77.47	59.92				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	98.90	80.03				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99411	10.34	6.37				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	15.43	10.47				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99420			I.C.			Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)
99429			I.C.			Unlisted preventive medicine service
99431			61.38			History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.)
99432	67.30	49.75				Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)
99433			32.27			Subsequent hospital care, for the evaluation and management of a normal newborn, per day
99435			83.09			History and examination of the normal newborn infant, including the preparation of medical records. (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.)
99436			58.50			Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99440			152.59			Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99450			I.C.			Basic life and/or disability examination that includes: measurement of height, weight and blood pressure; completion of a medical history following a life insurance pro forma; collection of blood sample and/or urinalysis complying with chain of custody protocols; and completion of necessary documentation/certificates.
99455			I.C.			Work related or medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.
99456			I.C.			Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.
99499			I.C.			Unlisted evaluation and management service
99500			I.C.			Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501			I.C.			Home visit for postnatal assessment and follow-up care
99502			I.C.			Home visit for newborn care and assessment
99503			I.C.			Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504			I.C.			Home visit for mechanical ventilation care
99505			I.C.			Home visit for stoma care and maintenance including colostomy and cystostomy
99506			I.C.			Home visit for intramuscular injections
99507			I.C.			Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509			I.C.			Home visit for assistance with activities of daily living and personal care
99510			I.C.			Home visit for individual, family, or marriage counseling

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
99511			I.C.			Home visit for fecal impaction management and enema administration
99512			I.C.			Home visit for hemodialysis
99600			I.C.			Unlisted home visit service or procedure
99601			I.C.			Home infusion/specialty drug administration, per visit (up to 2 hours);
99602			I.C.			Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

Tobacco Cessation Counseling Services

Code	NFAC	FAC	Description
G0376	49.53	48.69	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376 SA	42.10	41.39	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by an eligible billing entity.)
G0376 SB	42.10	41.39	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by an eligible billing entity.)
G0376 HN	42.10	41.39	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician assistants employed by an eligible billing entity.)
G0376 TD	42.10	41.39	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
G0376 U1	42.10	41.39	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)
G0376 TF	74.30	73.04	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376 U2	63.20	62.08	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
G0376 HQ	29.72	29.21	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, at least 90 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376 U3	25.26	24.83	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, at least 90 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)

Code	Global Fee	Description
H2011	18.39	Crisis intervention service, per 15 minutes
J0128	66.83	Injection, abarelix, 10 mg
J0135	307.30	Injection, adalimumab, 20 mg

Code	Global Fee	Description
J0170	0.57	Injection, adrenalin, epinephrine, up to 1 ml ampule
J0215	26.28	Injection, alefacept, 0.5 mg
J0256	3.24	Injection, alpha 1-proteinase inhibitor - human, 10 mg
J0270	1.82	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J0290	1.78	Injection, ampicillin sodium, 500 mg
J0295	4.52	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0456	25.32	Injection, azithromycin, 500 mg
J0460	0.23	Injection, atropine sulfate, up to 0.3 mg
J0475	193.32	Injection, baclofen, 10 mg
J0476	70.87	Injection, baclofen, 50 mcg for intrathecal trial
J0530	13.07	Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units
J0540	25.89	Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units
J0550	32.60	Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units
J0560	19.46	Injection, penicillin G benzathine, up to 600,000 units
J0570	33.83	Injection, penicillin G benzathine, up to 1,200,000 units
J0580	68.51	Injection, penicillin G benzathine, up to 2,400,000 units
J0585	4.90	Botulinum toxin type A, per unit
J0587	7.93	Botulinum toxin type B, per 100 units
J0592	0.75	Injection, buprenorphine HCl, 0.1 mg
J0640	0.91	Injection, leucovorin calcium, per 50 mg
J0690	1.31	Injection, cefazolin sodium, 500 mg
J0694	7.52	Injection, cefoxitin sodium, 1 g
J0696	3.37	Injection, ceftriaxone sodium, per 250 mg
J0697	1.77	Injection, sterile cefuroxime sodium, per 750 mg
J0702	5.07	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg
J0704	0.91	Injection, betamethasone sodium phosphate, per 4 mg
J0780	2.28	Injection, prochlorperazine, up to 10 mg
J0835	64.16	Injection, cosyntropin, per 0.25 mg
J0881	3.03	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
J0882	3.03	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885	9.34	Injection, epoetin alfa, (for non-ESRD use), 1000 units
J0886	9.33	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
J0900	1.38	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1020	2.80	Injection, methylprednisolone acetate, 20 mg
J1030	5.23	Injection, methylprednisolone acetate, 40 mg
J1040	9.42	Injection, methylprednisolone acetate, 80 mg
J1055	I.C.	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1056	I.C.	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg
J1060	4.14	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	5.16	Injection, testosterone cypionate, up to 100 mg
J1080	12.52	Injection, testosterone cypionate, 1 cc, 200 mg
J1094	0.23	Injection, dexamethasone acetate, 1 mg
J1100	0.13	Injection, dexamethasone sodium phosphate, 1 mg
J1160	1.03	Injection, digoxin, up to 0.5 mg
J1170	1.77	Injection, hydromorphone, up to 4 mg
J1200	0.79	Injection, diphenhydramine HCl, up to 50 mg

Code	Global Fee	Description
J1260	6.82	Injection, dolasetron mesylate, 10 mg
J1320	2.24	Injection, amitriptyline HCl, up to 20 mg
J1438	155.58	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1440	184.27	Injection, filgrastim (G-CSF), 300 mcg
J1441	292.35	Injection, filgrastim (G-CSF), 480 mcg
J1460	10.69	Injection, gamma globulin, intramuscular, 1 cc
J1470	21.37	Injection, gamma globulin, intramuscular, 2 cc
J1480	32.05	Injection, gamma globulin, intramuscular, 3 cc
J1490	42.74	Injection, gamma globulin, intramuscular, 4 cc
J1500	53.43	Injection, gamma globulin, intramuscular, 5 cc
J1510	64.13	Injection, gamma globulin, intramuscular, 6 cc
J1520	74.76	Injection, gamma globulin, intramuscular, 7 cc
J1530	85.49	Injection, gamma globulin, intramuscular, 8 cc
J1540	96.22	Injection, gamma globulin, intramuscular, 9 cc
J1550	106.86	Injection, gamma globulin, intramuscular, 10 cc
J1566	22.26	Injection, immune globulin, intravenous, lyophilized (e.g., powder), 500 mg
J1567	29.09	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg
J1580	1.68	Injection, garamycin, gentamicin, up to 80 mg
J1626	6.87	Injection, granisetron HCl, 100 mcg
J1630	1.29	Injection, haloperidol, up to 5 mg
J1644	0.12	Injection, heparin sodium, per 1,000 units
J1650	5.44	Injection, enoxaparin sodium, 10 mg
J1655	2.20	Injection, tinzaparin sodium, 1000 IU
J1670	91.57	Injection, tetanus immune globulin, human, up to 250 units
J1700	I.C.	Injection, hydrocortisone acetate, up to 25 mg
J1710	I.C.	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1720	1.90	Injection, hydrocortisone sodium succinate, up to 100 mg
J1745	54.24	Injection, infliximab, 10 mg
J1751	12.42	Injection, iron dextran 165, 50 mg
J1752	10.27	Injection, iron dextran 267, 50 mg
J1790	1.08	Injection, droperidol, up to 5 mg
J1800	4.74	Injection, propranolol HCl, up to 1 mg
J1815	0.24	Injection, insulin, per 5 units
J1885	0.50	Injection, ketorolac tromethamine, per 15 mg
J1890	I.C.	Injection, cephalothin sodium, up to 1 g
J1940	0.43	Injection, furosemide, up to 20 mg
J1950	444.55	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1956	7.59	Injection, levofloxacin, 250 mg
J1990	21.05	Injection, chlordiazepoxide HCl, up to 100 mg
J2001	0.02	Injection, lidocaine HCl for intravenous infusion, 10 mg
J2060	1.06	Injection, lorazepam, 2 mg
J2150	1.00	Injection, mannitol, 25% in 50 ml
J2175	1.62	Injection, meperidine HCl, per 100 mg
J2250	0.28	Injection, midazolam HCl, per 1 mg
J2270	1.41	Injection, morphine sulfate, up to 10 mg
J2271	3.85	Injection, morphine sulfate, 100 mg

Code	Global Fee	Description
J2275	5.13	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J2300	1.08	Injection, nalbuphine HCl, per 10 mg
J2310	2.51	Injection, naloxone HCl, per 1 mg
J2355	245.70	Injection, oprelvekin, 5 mg
J2357	16.49	Injection, omalizumab, 5 mg
J2405	3.72	Injection, ondansetron HCl, per 1 mg
J2430	29.59	Injection, pamidronate disodium, per 30 mg
J2440	0.54	Injection, papaverine HCl, up to 60 mg
J2469	17.68	Injection, palonosetron HCl, 25 mcg
J2503	1054.70	Injection, pegaptanib sodium, 0.3 mg
J2505	2163.20	Injection, pegfilgrastim, 6 mg
J2510	8.27	Injection, penicillin G procaine, aqueous, up to 600,000 units
J2515	5.23	Injection, pentobarbital sodium, per 50 mg
J2550	2.08	Injection, promethazine HCl, up to 50 mg
J2560	2.26	Injection, phenobarbital sodium, up to 120 mg
J2650	0.33	Injection, prednisolone acetate, up to 1 ml
J2675	1.81	Injection, progesterone, per 50 mg
J2680	1.49	Injection, fluphenazine decanoate, up to 25 mg
J2760	23.60	Injection, phentolamine mesylate, up to 5 mg
J2765	0.52	Injection, metoclopramide HCl, up to 10 mg
J2780	0.67	Injection, ranitidine HCl, 25 mg
J2788	14.26	Injection, Rho D immune globulin, human, minidose, 50 mcg
J2790	98.04	Injection, Rho D immune globulin, human, full dose, 300 mcg
J2792	13.70	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
J2794	4.78	Injection, risperidone, long acting, 0.5 mg
J2820	23.34	Injection, sargramostim (GM-CSF), 50 mcg
J2910	24.50	Injection, aurothioglucose, up to 50 mg
J2916	5.06	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	1.42	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	2.36	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	I.C.	Injection, somatrem, 1 mg
J2941	44.15	Injection, somatropin, 1 mg
J3010	0.29	Injection, fentanyl citrate, 0.1 mg
J3030	52.25	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3110	I.C.	Injection, teriparatide, 10 mcg
J3120	7.19	Injection, testosterone enanthate, up to 100 mg
J3130	14.38	Injection, testosterone enanthate, up to 200 mg
J3230	3.12	Injection, chlorpromazine HCl, up to 50 mg
J3250	4.62	Injection, trimethobenzamide HCl, up to 200 mg
J3301	1.36	Injection, triamcinolone acetonide, per 10 mg
J3302	0.28	Injection, triamcinolone diacetate, per 5 mg
J3303	1.30	Injection, triamcinolone hexacetonide, per 5 mg
J3360	0.75	Injection, diazepam, up to 5 mg
J3396	8.98	Injection, verteporfin, 0.1 mg
J3410	0.40	Injection, hydroxyzine HCl, up to 25 mg

Code	Global Fee	Description
J3411	1.91	Injection, thiamine HCl, 100 mg
J3420	0.87	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3430	3.36	Injection, phytonadione (vitamin K), per 1 mg
J3475	0.15	Injection, magnesium sulphate, per 500 mg
J3487	202.74	Injection, zoledronic acid, 1 mg
J3490	I.C.	Unclassified drugs
J3590	I.C.	Unclassified biologics
J7030	0.94	Infusion, normal saline solution, 1,000 cc
J7040	0.46	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7042	0.39	5% dextrose/normal saline (500 ml = 1 unit)
J7050	0.23	Infusion, normal saline solution, 250 cc
J7060	1.26	5% dextrose/water (500 ml = 1 unit)
J7070	2.28	Infusion, D-5-W, 1,000 cc
J7304	I.C.	Contraceptive supply, hormone containing patch, each
J7317	113.11	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection
J7320	198.87	Hylan G-F 20, 16 mg, for intra-articular injection
J7340	27.82	Dermal and epidermal, (substitute) tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter
J7341	1.65	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7342	15.14	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7343	15.34	Dermal and epidermal, (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7344	67.02	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7350	29.74	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolized active elements, per 10 mg
J7599	I.C.	Immunosuppressive drug, NOC
J9000	6.29	Doxorubicin HCl, 10 mg
J9001	371.06	Doxorubicin HCl, all lipid formulations, 10 mg
J9025	4.13	Injection, azacitidine, 1 mg
J9031	111.54	BCG live (intravesical), per instillation
J9035	56.90	Injection, bevacizumab, 10 mg
J9040	24.59	Bleomycin sulfate, 15 units
J9041	30.09	Injection, bortezomib, 0.1 mg
J9045	13.87	Carboplatin, 50 mg
J9055	49.86	Injection, cetuximab, 10 mg
J9060	1.88	Cisplatin, powder or solution, per 10 mg
J9062	11.07	Cisplatin, 50 mg
J9070	2.00	Cyclophosphamide, 100 mg
J9080	4.00	Cyclophosphamide, 200 mg
J9090	16.73	Cyclophosphamide, 500 mg
J9091	19.99	Cyclophosphamide, 1 g
J9092	39.98	Cyclophosphamide, 2 g
J9093	I.C.	Cyclophosphamide, lyophilized, 100 mg
J9094	I.C.	Cyclophosphamide, lyophilized, 200 mg

Code	Global Fee	Description
J9095	I.C.	Cyclophosphamide, lyophilized, 500 mg
J9096	I.C.	Cyclophosphamide, lyophilized, 1 g
J9097	I.C.	Cyclophosphamide, lyophilized, 2 g
J9130	4.26	Dacarbazine, 100 mg
J9140	8.53	Dacarbazine, 200 mg
J9170	297.29	Docetaxel, 20 mg
J9181	0.49	Etoposide, 10 mg
J9182	4.85	Etoposide, 100 mg
J9190	1.78	Fluorouracil, 500 mg
J9201	117.70	Gemcitabine HCl, 200 mg
J9202	199.47	Goserelin acetate implant, per 3.6 mg
J9206	126.47	Irinotecan, 20 mg
J9212	3.92	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	33.85	Interferon alfa-2A, recombinant, 3 million units
J9214	13.67	Interferon alfa-2B, recombinant, 1 million units
J9215	I.C.	Interferon alfa-N3, (human leukocyte derived), 250,000 IU
J9216	289.87	Interferon gamma-1B, 3 million units
J9217	245.31	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	7.94	Leuprolide acetate, per 1 mg
J9219	2178.36	Leuprolide acetate implant, 65 mg
J9250	0.20	Methotrexate sodium, 5 mg
J9260	1.99	Methotrexate sodium, 50 mg
J9263	8.55	Injection, oxaliplatin, 0.5 mg
J9264	8.27	Injection, paclitaxel protein-bound particles, 1 mg
J9265	15.58	Paclitaxel, 30 mg
J9293	339.97	Injection, mitoxantrone HCl, per 5 mg
J9300	2287.15	Gemtuzumab ozogamicin, 5 mg
J9305	41.29	Injection, pemetrexed, 10 mg
J9310	469.66	Rituximab, 100 mg
J9340	45.81	Thiotepa, 15 mg
J9355	55.11	Trastuzumab, 10 mg
J9360	1.00	Vinblastine sulfate, 1 mg
J9370	5.36	Vincristine sulfate, 1 mg
J9375	10.73	Vincristine sulfate, 2 mg
J9380	26.82	Vincristine sulfate, 5 mg
J9390	22.25	Vinorelbine tartrate, per 10 mg
J9395	81.08	Injection, fulvestrant, 25 mg
J9999	I.C.	NOC, antineoplastic drug
S0020	1.29	Injection, bupivicaine HCl, 30 ml
S0021	I.C.	Injection, ceftoperazone sodium, 1 gram
S0023	1.11	Injection, cimetidine HCl, 300 mg
S0028	I.C.	Injection, famotidine, 20 mg
S0077	6.14	Injection, clindamycin phosphate, 300 mg
S0162	I.C.	Injection, efalizumab, 125 mg
S0302	9.05	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)

Code	Global Fee	Description
T1023	57.44	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

17.05: Severability

The provisions of 114.3 CMR 17.00 are severable and if any such provision or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY
114.3 CMR 17.00: M.G.L. c. 118G